

10/550100

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		1		1		
5	1		1			
6		5		1		
7		5		1		
8		8		1		
9	1		1			
10		6		1		
11		2		1		
12	1		1			
13		1		1		
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		6 9 15				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						